

215037101
60024

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 060	Agency Case No. B5-084453	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1					
A/1 01	DATE OF ACCIDENT 09/12/2015	M M / D D / Y Y Y Y S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			(In Military Time) TIME OF ACCIDENT 0913	STATE USE ONLY					
A/2	PLACE OF ACCIDENT COUNTY Lancaster CITY Lincoln	POLICE NOTIFIED 0915			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	09/12/2015					
B 58	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S 40th, Lake to Normal	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO			LATITUDE						
C 1	DISTANCE FROM MILEPOST FEET N S E W OF MILEPOST	HIGHWAY NO.			LONGITUDE						
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY			IF NOT AT INTERSECTION <input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
V1/M 14	60.00 X Normal										
V2/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN										
E 1	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b			DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
VEHICLE NO. 1											
F 1	DRIVER LICENSE NO. H13546452	STATE (Of License) NE			SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE						
V1/N 1	DRIVER JON A JETTE	PHONE 402 610-2570			LOCAL NO.						
V2/N 1	DRIVER ADDRESS 4131 Normal Blvd #1, Lincoln, NE 68506	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY) 06/06/1981	V1/1 18					
G 2	OWNER Lynn McGinity	PHONE 402 321-3521			LOCAL NO.						
H 5	OWNER ADDRESS 5220 N 84TH AVE, OMAHA, NE 68134	CITY, STATE, ZIP			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB486004					
V1/O 2	LICENSE PLATE PA NO. TVE988	YEAR (Plate Expires) 2016			STATE (Of Plate) NE	V1/2					
V2/O 2	VEHICLE 2015	MAKE Chrysler	MODEL 2LM	BODY STYLE 4 door Sedan	COLOR gray	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 400					
I 1	VEHICLE ID NO. (VIN) 1C3CCCAB3FN648034	INSURANCE COMPANY American Family			POLICY NO. 237608550186FPPANE						
VEHICLE NO. 2											
V1/P 1	DRIVER LICENSE NO. G02093335	STATE (Of License) NE			SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE						
V2/P 1	DRIVER KRISTINE M FUSHIA	PHONE 402 805-4002			LOCAL NO.						
J 01	DRIVER ADDRESS 4402 CALVERT ST, LINCOLN, NE 68506	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY) 07/25/1967	V2/1 18					
V1/Q 3	OWNER JEFFREY A FUSHIA	PHONE 402 805-4002			LOCAL NO.						
V2/Q 4	OWNER ADDRESS 4402 CALVERT ST, LINCOLN, NE 68506	CITY, STATE, ZIP			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.					
K 01	LICENSE PLATE PA NO. RUV092	YEAR (Plate Expires) 2016			STATE (Of Plate) NE	V2/2					
V1/R 4	VEHICLE 2001	MAKE Dodge	MODEL CSE	BODY STYLE Mini van	COLOR silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 600					
V2/R 01	VEHICLE ID NO. (VIN) 1B4GP25B91B135903	INSURANCE COMPANY Progressive			POLICY NO. 43436513						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)											
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084453



Indicate
North
by Arrow



POI(est)-60' S of S curb of Normal
18' E of W curb of S 40th

Both vehs moved

To Normal

To Lake

S 40th

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 said he was NB on S 40th stopped in the left turn lane at Normal approx. 5' behind V2. D1 said he obs the lights for NB traffic to turn green. D1 said he looked down to get something from his center console and released the brake. D1 said his veh rolled forward and struck the rear of V2. D2 said she was NB in the left turn lane of S 40th stopped at Normal for a red light. D2 said as her light turned green, she felt the impact of V1 striking the rear of her veh.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2						VEH 1		VEH 2	
1	X				S 40th	POINT OF IMPACT	01	POINT OF IMPACT	05	4		2		Driver No. 1		Driver No. 2	
2	X				S 40th	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL LEVEL TESTED Y N X Y N X Y N		Pedestrian	
1	01	06 Turning left 07 Making U-turn				00 None	02	03	04	VEHICLE 2		VEHICLE 2		BAC LEVEL		ALCOHOL/ DRUGS SUSPECTED	
2	11	08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				01	05	06	VEHICLE 2		VEHICLE 2		1 Driver No. 1 2 Driver No. 2		1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		

OFFICER NO. 875	TROOP/ TEAM/ BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jeff Hahne		INVESTIGATOR SIGNATURE Approved by Officer Jeff Hahne	DATE OF REPORT 09/12/2015